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primarily malaria, intestinal helminths, dysentery, and mycotic dermatoses and secondarily yaws, pinta, tuberculosis in mining districts.

The first suggestion towards amelioration is at least some understanding of the disease problems in an area and within that area of the peculiarities of a local situation. What for instance may offer a solution at San Carlos may not be exactly the case at Waspam. The second suggestion is to know the people with whom one is dealing. Their customs and ways are of utmost importance to a medical program. The physician should be a medical expert of society and if the society in which he moves is unable or unwilling to accept his methods then all of his efforts are in vain. If medical care is needed anywhere, the physician must adapt himself to the circumstances and provide health measures and services.

Among many Indian tribes, medicine and health are symbols the understanding of which belongs to the medicine man. He is a combination of sorcerer, priest and physician. It is only this combination that is satisfactory to the care of a society under certain circumstances. The sudden arrival of modern medicine in such a community does produce a conflict within the minds of the natives. How difficult it is to deal with persons within our own culture who for years have followed treatment dictated by popular belief, superstitions or views forced upon them by commercial interests. The field of patent medicine is a flourishing market and represents both inadequate and improper education of the public or the inability of the physician to cope with the social situation. The problem among native peoples is even more difficult and requires in the main a common sense approach towards human understanding based primarily in the recognition of feeling and sympathy for ones fellow-men. Observation, experience, experimentation and reasoning are the sources of knowledge.

The friendship of the people is to be desired and the cooperation of medicine men *(curandero, sukia)* is solicited. Wherever possible one is an aid to these people, working with them towards a gradual understanding of their problems. One collaborates with the shaman for he himself has a special role in society. Among the Miskito modern medicine is already known. The people understand the meaning of our anti-malarial drugs. Their own public health measures are fairly satisfactory and what is needed are specific control measures for certain diseases. This situation is peculiar to the Coco Basin and may differ elsewhere.

Since the medical, care of the Coco Basin people is limited, in the modern sense, to but one physician and since medical care is needed throughout the area it is obvious that we must adapt our method of

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759 rendering health service to this situation. Physicians, in general, find the territory unremunerative and as a consequence cannot be induced to venture or remain in that region. We are therefore confronted with the problem of adapting our method to the situation even though the procedure introduced may not be ideal.

For this reason Dr. Thaeler at Bilwas Karma has trained young men to act as agents for the central clinic. The men arrive at Bilwas Karma and undergo a serious series of lectures and demonstrations, then a period of internship and are forthwith prepared to carry out limited medical activities in the communities from whence they came. In this process of adaptation it is important that the trainee return to his original community, for his people know him, place trust in him, and adaption to a porgram is simplified. Furthermore the trainee is at ease with his own people, his prestige is increased and his relatives offer odequate security for his success.

K4 759 The diseases in which an empirical diagnosis can be made with a medicum of success are as follows: malaria; yaws; pinta; acute dysentery (presumably bacillary); chronic weaking dysentery; (presumably protozoal or helminthic); helminthes; and skin infections. The trainee is taught mainly in terms of these major diseases, first aid and rudimentary principles of child-bearing and pediatrics are secondary. The system ordinarily employed by the Indians in first aid is not to be condemned, obstetrics and pediatrics do not constitute subjects of sufficient public health importance to this region. The trainee is taught insect control measures and the use of certain specific drugs for the diseases just described. His medical supplies consist chiefly 278 of atabrine, oil of chenopodium, magnesium sulfate, sulfaguanidine, vioform, carbarsone, antiseptics, gentian violet pills, a few miscellaneous drugs such as aspirin and some first aid equipment. The trainee is taught to send many of the patients whom he regards as special cases to the hospital. There is a possibility that such a system may 010 succeed, particularily if the trainee or agent is brought back to Bilwas for refresher courses. The merits of the system result from one basic fact and that is that Dr. Thaeler is a well trained clinician with considerable understanding of these Indians. It seems highly important that such a program be directed only by a well qualified physician or physicians who have had special training in medicine as applied to societies of varying cultural traits. This fact has been recognized to some extent by the British in their various schools of tropical or colonial medicine and by the United Fruit Company. In other instances tropical medicine may be academically isolated from the societies who should receive the results. The mistakes made by young physicians,